

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. <b>09765068</b>	FILING DATE
APPLICANT(S)	

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.				IND.
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TOTAL IND.	3									
TOTAL DEP.										
TOTAL CLAIMS	3									

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS